

LONG BEACH "COMMUNITY" HOSPITAL

(Read, approved, and ordered published by the Executive Committee of the C. M. A.)

Singing and a few other harmless diversions can be placed upon a "community" basis. Even here, discordant notes are often the outstanding feature of the "music" as a bystander observes it. In any serious, progressive attempt to molecularize a community, the atoms in the molecule become so active that they destroy the hand-made molecule and some of the atoms. This is being exemplified in the history of "community hospitals."

It is no more possible to establish and operate successfully a "community hospital" than it is a "community religion," "community banking," "community merchandising" or any other worthwhile movement which requires for its success a firmly fixed common denominator upon which all citizens are willing to take their stand and keep standing.

We should not forget that our whole structure of civilization, governmental and otherwise, has been built and stands upon the unit of the individual citizen. The furthest we can depart from this unit successfully is by grouping *similars*. This upon such bases as religious, financial, moral, social, educational and health similars. When we enlarge our groupings to include dissimilars, we immediately have strife, which must be controlled by force or disintegration results. Yet this is precisely what so many people are trying to do with "community" this of that, including hospitals.

With hospitals, which concern us primarily in this instance, it never has been done, and there is no available evidence or intelligent prophecies to show that it is likely ever to be done while human nature remains as it has been for some ages.

The greatest single problem in successfully promoting and conducting a good, progressive hospital is to bring together enough similars in elements essential to such a complex human service station to produce the high character of team work required. For example, it is difficult enough, in all conscience, to bring together so they will do team work in essential harmony a staff of adequately educated physicians who have been trained by the same or similar teachers for years. To even attempt to go further and include osteopaths, chiropractors, mental healers, and other insufficiently educated persons, upon an equal status is, of course, the height of folly. Similar situations apply forcibly in others of the essential departments and services of a good hospital.

In spite of the several failures in thus attempting the impossible, to be found in places in California and elsewhere, our people continue to make the experiment. The pathetic spectacle of the happenings at Whittier hospital in Los Angeles county are of that type, and were discussed recently in CALIFORNIA AND WESTERN MEDICINE.

LONG BEACH

Now comes another example from Long Beach. Speaking from the angle of normal zoning flow of people, this city of 200,000 persons has Seaside Hospital, with 150 beds, and St. Mary's Hospital, of 100 beds; both good hospitals. Some years ago a movement was started to build and operate a com-

munity hospital. After much hard work by persons, many of whose motives were highly commendable, a hospital building was finally erected on city property, paid for partly by tax money, partly by private philanthropy, and partly by public subscription in the form of stock certificates. As the building approached completion, the organizers became concerned with the methods of management, financing, staffing, and other fundamental problems of policy that should have been settled before a dollar of money was accepted or spent.

One of the first things that happened to them (as they were warned when the proposition first began to take shape would happen) was, that doctors, nurses and others adequately educated for their several responsibilities in medical and hospital work, offered their assistance and co-operation only on condition that the hospital be conducted as an agency of scientific medicine along approved and well-known lines. It was also discovered not only that these professionals meant exactly what they said, but that any other policy would make it impossible for the hospital to operate a legally accredited school of nursing, and that they could not receive an accredited rating by the American Medical Association or any of the several other accrediting agencies which distinguish hospitals operated as agencies of scientific medicine from others.

The osteopaths, chiropractors and other groups of "licensed" and unlicensed healers by special methods and many of their clients and followers got under way with the usual cry of discrimination; medical trust; abusing the under-dog; the right of everyone to have the "doctor" of his choice serve him anywhere he wants to call him, etc.

After much discussion, in which the committee representing the American Medical Association and our California organizations in hospital betterment was called in, the Long Beach city council leased the hospital to a hospital association, thus giving to the officers of that association the power to fix policies and otherwise conduct the hospital. The lessees, under the able and conscientious leadership of Mr. Fillmore Condit, promptly pledged themselves and the hospital to the cause of scientific medicine. This was a difficult and splendid thing for a group of citizens—all laymen and some of them in positions to be affected by political manipulations—to do.

The problem may or may not be permanently settled. The osteopaths and chiropractors are well organized, and they undoubtedly will do all they can to throw the hospital wide open and thus convert it into a cult hospital. This is what will happen if they should succeed, because educated physicians, nurses and others who adhere to no sect or dogma and who consider themselves followers and practitioners of science wherever she may lead and who will employ whatever tools she fashions for the betterment of health, will not connubiate with those less qualified to serve.

THE SITUATION HOPEFUL

All who believe in adequate education as a basis—the only safe, sane basis—upon which much rest the

authority to practice the prevention and treatment of disease, have reason to be optimistic by reason of the following authorized interview by Mr. Condit, head of the association which now controls the hospital. Mr. Condit's interview, which has been published in the public press, is quoted in full because it is so eminently sane and unusual in the method of approach.

CONDIT REPLIES TO COMPLAINTS

"Replying to numerous complaints against the action of the directors of the new Community Hospital Association in making it a 'standardized' hospital, for use only of medical doctors, Councilman Fillmore Condit has issued the following statement:

"Editor Telegram: The Osteopathic Association of our city asks:

"'Shall the hospital, which is owned and tax supported by all citizens, be used by all citizens?'"

"The answer is: As patients, yes; but as cook, engineer, superintendent, nurses, doctors, no.

"All citizens of Long Beach may enjoy its parks, band or library, but all citizens may not be city manager, band leader or librarian.

"During the World War thousands of good people offered their services as doctors and nurses to care for the sick and wounded. Among those who offered to serve there was found a vast variety of trained ability, inexperience and ignorance.

"From this time and condition the imperative need for 'standardization' for doctors, nurses and hospitals arose. It increased and spread until it is now the rule in all hospitals under national control, in all universities having medical departments, is the policy of over 90 per cent of all the hospitals of our entire nation and those who adhere to standardization have charge of all health boards, national, state and municipal.

"'Standardized' hospitals attract the most distinguished and successful physicians and surgeons; lack of standardization tends toward low reputation, mediocrity.

"If our Community Hospital discards the policy used by the most successful hospitals in America, what rule shall it adopt?"

"The leading osteopaths of this city express their emphatic disapproval of an important rival school and admit that 'opening our hospital to all doctors would ruin it.'

Osteopathic doctors have little use for hospitals for their patients, and not over 5 per cent of the hospital patients of our land are cared for by them.

"An osteopathic hospital of thirty beds, located in Denver, 1600 miles away, advertises in Long Beach for patients.

"We regret medical disagreements, but if doctors of different schools are averse to working together in the same building, 'the greatest good to the greatest number' seems to justify the medical policy adopted by our Community Hospital.

"We regret if any of our people seem more concerned in our hospital as a battleground for professional quarrels than as a haven for human welfare

"COMMUNITY HOSPITAL ASSOCIATION.

"By Fillmore Condit."

SHORT-SIGHTED PUBLIC HEALTH POLICIES

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Physicians and physicians' organizations are loath to criticize official public health departments, which they rightfully regard as one of the several legitimate specialties of medicine. Many worthy members of the California Medical Association are practicing the medical specialty of public health. Some of them are, and more should be, engaged exclusively in this work. It is just as important, useful, and commendable as is the practice of any other medical specialty.

Most practitioners of this specialty still combine their public health work with other features of general or special practice. They all realize that this should not be so, but they must live, and the part-time wages of from \$10 to \$50 a month is still the only compensation offered by the majority of public health units in California.

It is difficult to secure adequately educated physicians for "full-time" public health work also, because the salaries in the vast majority of centers are still hopelessly inadequate. Tenure of office also always rests in the lap of the political gods, and this work is, therefore, correctly interpreted as an extra hazardous vocation. Obviously, compensation for such "full-time" work must be by what is politely called salary, but which would be more accurately termed wages. Naturally, under the hazards of tenure of office and poor pay, it is hard to find educated physicians with so little dignity, self-respect or lack of ambition that they are willing to exchange the prospects of private practice, however poor, with a reasonable amount of personal independence, for a poorly paid, uncertain, political job where often they hardly dare call their souls their own.

So few educated California physicians are willing to make the miserable and inexcusable sacrifices they are asked to make that, to fill the few "full-time" public health positions available in this state, the state public health authorities have had to import people. People of this class do not always fit into normal situations. Some of them have curious ideals or they are forced to accept curious dictation. Some of them have not bothered to take out state licenses to practice in California. Our laws are certainly generous enough in this respect. These people are all practicing medicine, and no one can quarrel with those who wonder if these imported "full-time" health officers are deliberately defying the law or whether they are not able to qualify.

Certainly, some of them have curious ideas of their duties, limitations, and privileges. Some of them apparently feel that, so long as they have their county supervisors with them and are backed by a great private foundation located in New York, *which pays part of their salaries*, they can insult their colleagues in other branches of medicine with impunity. The reaction against this sort of thing is springing up strong in many places in our country, and it is becoming acute in places in California. A recent example is explained in the following resolution passed unanimously at a recent meeting of the Monterey County Medical Society:

"Whereas, It has been brought to the notice of the